

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership		1a. DOCUMENT # A98000002285	
STAR-GLO ASSOCIATES LIMITED PARTNERSHIP			
Mailing Address C/O ROSEN DEVELOPMENT GROUP, INC. 550 MAMARONECK AVENUE HARRISON NY 10528		Principal Office Address C/O ROSEN DEVELOPMENT GROUP, INC. 550 MAMARONECK AVENUE HARRISON NY 10528	
2. Mailing Address 2250 AVENIDA DEL VERA		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State N. Ft. MYERS FL		City & State	
Zip 33917		Zip Country	
3. Date Formed or Registered 10/02/1998		5a. Capital Contributions as Shown on record \$0.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date: 0.00	
4. State or Country of Formation FL		6. FEI Number 58-2428256	
7. Certificate of Status Desired		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Make check payable to: Dept. of State (See reverse side for fee information)		<input type="checkbox"/> \$8.75 Additional Fee Required	

9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office	
CALLAHAN, W. SCOTT C/O STUMP, STOREY & CALLAHAN, P.A. 37 NORTH ORANGE AVENUE, SUITE 200 ORLANDO FL 32801		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City	
		100002870941-7 -05/11/99--01040--003 ****641.FL ****641.25	

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
STAR-GLO REALTY CORP.	550 MAMARONECK AVENUE	HARRISON NY 10528	P98000085038

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

4/28/99
(941) 731-4523

CR2E003 (12/98)